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TORPOINT URBAN DISTRICT COUNCIL.

A N N U A L R E P O R T

of the

M E D I C A L O F F I C E R O F H E A L T H

for the Year

1951.

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present this my Annual Report for the year 1951. In doing so I shall follow the line I took last year by writing a preface in which I shall make general reference to health matters as they have impressed me during 1951, leaving particular references to matters effecting individual Districts to the body of the report on the District concerned. I think that this method of presenting information and opinions proved generally acceptable last year.

In Health Area No.7 which embraces that part of south-east Cornwall lying between the rivers Fowey on the west and the Tamar on the east no great change in matters affecting the health of the inhabitants occurred during 1951. There was a small increase in population from 52,486 in 1950 to 54,017 in 1951. The bulk of this increase took place in the St. Germans Rural District with smaller increases in Saltash Borough, Torpoint Urban District and Liskeard Borough. There were small reductions in Liskeard Rural District and Looe Urban District. For the Health Area the standard of health as measured by vital statistics was up to the average for the country as a whole, and in none of the County Districts constituting the Area was there any serious falling away from this standard. The birth-rate was slightly below the national figures and the death-rate slightly above that for England and Wales. It is particularly gratifying to record a complete absence of maternal deaths during 1951, whilst the infant mortality rate is only very slightly above the national figure. During 1951 the average age at death was 67.8 years for males and 71.6 years for females.

During 1951 the prevalence of infectious disease was greater than in the previous year and the early months of the year were marked by sharp epidemics of measles and whooping cough. There was also an increase in the amount of pneumonia due largely to the occurrence of influenza in the winter of 1950-51. Scarlet fever, fortunately of a mild type was more prevalent than for some years past. During the year whooping cough caused two deaths and measles caused 1 death.

Last year I wrote at some length on tuberculosis one of the most serious, if not the most serious of the preventible infectious diseases. I am glad to report some small improvement in the incidence of this disease as represented by new cases, and in the number of deaths caused by tuberculosis. The number of new cases notified during 1951 was 47 as against 53 in 1950, and the number of deaths showed a reduction from 21 during 1950 to 13 during 1951. It would be unwise to draw from this any optimistic conclusions about tuberculosis. It is clear that whatever new weapons against this disease may be made available, the fight to eradicate tuberculosis will never be easy or quickly won. Nevertheless some drugs of great potency are becoming available, and intensive research is being pursued to discover others which may in the long run put paid to the tubercle bacillus as a crippling and killing agent. There has been little improvement in the amount of sanatorium accommodation available for treatment of cases, the great difficulty being that of obtaining sufficient nurses to adequately staff such institutions. Every effort is being made to attract nurses into this branch of the profession, but without conspicuous success so far. Towards the end of the year there were two developments

of importance in the treatment of domiciliary cases of tuberculosis in this Area. In the first place the Chest Physician who now has charge of Chest Clinics and tuberculosis services in this Area is based on Plymouth, instead of Camborne. This has resulted in closer liason between the Chest Physician and the Health Area Office, with much improved interchange of information, and greatly improved prospects of carrying out thoroughly the very important and necessary procedure of B.C.G. vaccination of susceptible contacts against tuberculosis. In the second place the appointment of a Health Visitor to work exclusively on tuberculosis has been of incalculable benefit to the operation of the tuberculosis service. Through this Health Visitor we now receive a steady stream of accurate, and recent information about the cases of tuberculosis and their contacts in the Area. Generally speaking I would say that I am now more satisfied about the operation of the tuberculosis service in Health Area No.7 than I have been at any time since my appointment in 1948.

Another subject which causes a certain amount of concern is the care of the aged and infirm - a responsibility which increases as the proportion of old persons in our community grows. During 1951 I have noted with some interest that of those dying in the Area during the year, no less than 50% were 75 years or over at the time of death. Moreover if we take 65 years of age, the age at which men become eligible for retirement, and old-age pensions, as the beginning of old age, no less than 75% of those dying in the Area in 1951 were 65 years of age and over. There has for many years been an increase in the expectation of life which has risen progressively from 40 years in the middle of the 19th century to 66 years in 1950. Since even as recent a date as 1931 the expectation of life for males has risen by $7\frac{1}{2}$ years, and for females by 8 years. All these facts and figures give point to the assertion that the welfare of the aged must claim an increasing part of any schemes for social service and welfare in this country. Indeed in the mind of the average citizen the notion has grown up that adequate services, and facilities for the care and welfare of old persons do exist. This in turn has created a certain lack of responsibility towards old persons on the part of their kin on whom the main responsibility should fall. If they can be looked after at home, old people normally have a much happier existence, and their care and welfare is less of a burden on the community at large. It is however a not uncommon experience that sons and daughters are anxious to place their old parents in institutions and once they have been so placed, are unwilling to receive them back into their homes. Though this is not surprising when one considers that the whole atmosphere of the Welfare State is conducive to the abandonment of personal responsibility, it is nevertheless a deplorable tendency, which has resulted in very heavy pressure being brought to bear on those institutions which care for aged and chronically ill persons. Apart from the difficulty of providing sufficient buildings and equipment, the staffing of such institutions, and hospitals presents a real problem to which I referred in my report for 1950. There has not been any substantial improvement during 1951, with the result that it has not been easy to gain admission to the only hospital for aged and chronically ill persons which exists in the Area. In stating this I wish to make it clear that I attach no blame whatsoever to the authorities administering this hospital who have always proved most co-operative within the limits imposed upon them by accommodation and staff. The problem is one which is general throughout the country, and is one which calls for careful consideration.

Although concern has been expressed at the falling off in the number of children receiving immunisation against diphtheria, I am glad to report that during 1951 this tendency was not manifest in Health Area No.7. Here the number of children receiving primary immunisations during 1951, totalled

725 as against 668 during 1950. I trust that this happy state of affairs will continue, as it would be a tragedy if diphtheria became once again a threat to the lives of children.

Another infectious disease which has been very much in the public mind of recent years of poliomyelitis. I am glad to report that in 1951 there were fewer cases of this disease in this Area than during 1950, and none of the cases were fatal. Details of this and other infectious diseases appear in the body of the report.

During 1951 the building of new houses continued at much the same rate as in previous years. Whilst there has been some reduction in the numbers of applicants on the waiting lists, there is still in most districts a keen demand for new houses. In most cases where the demand has fallen off, it has most probably done so in face of economic pressure, or more plainly the unwillingness or the inability of the family to pay the relatively high rent and rates attaching to new houses. Many families continue to live in old sub-standard dwellings, but frankly I see little prospect of, or little point in attempting to rehouse them until the cost of letting new houses can be reduced, a prospect which at present seems remote. I would add my voice to the many which have already been raised in deploring the rigidity and apparent unreasonableness of legislation restricting the rent which may be charged for a great number of houses which are let for occupation. The ridiculously low rents which are enforced mean that landlords have been more or less compelled to neglect the regular repair and maintenance of these houses, and in consequence the majority of these dwellings have reached such a state of delapidation as to place them beyond hope of repair at reasonable cost. With the cost of materials, and labour for repairs so high, it does not seem reasonable that some proportionate increase in the rent to allow for this should not have been allowed. Even with such an increase the rents charged would have been very much more attractive than those of new houses which must sooner or later be provided to replace them. I have written previously on the importance of good housing in the treatment of tuberculosis and I am glad to say that members of District Councils have shown themselves sympathetic to the claims of applicants suffering from tuberculosis.

There is little new to report upon in respect of water supply in the Area. Apart from Liskeard Rural District, supplies were generally adequate and of good quality. In the Liskeard Rural District work on the first instalment of a comprehensive scheme of supply continued, and moderate progress in the laying of a trunk main from the St. Cleer reservoir to Polruan was achieved. The rate of progress was considerably slowed by delay in providing pipes and fittings, and by difficulties in obtaining suitable workmen in sufficient numbers. It is hoped that this section of the scheme will be complete and in operation by the late summer of 1952, putting an end to the annual water shortage crisis which has afflicted Polruan each summer. It now seems likely that progress of this scheme in other directions in the Liskeard Rural District will be greatly slowed down by national limitations on capital expenditure of this type and by shortage of steel and other material essential to the execution of work of this type. Nevertheless it is encouraging to know that a venture of this description has in spite of many difficulties been started, and to hope that at some time the benefits of a piped supply of pure water will be available throughout the Liskeard Rural District.

As far as provision of proper methods of sewage disposal is concerned the picture is by no means as bright as that for water supply. In urban areas, with the exception of Saltash, crude untreated sewage is discharged to adjacent waterways. In rural areas the problem is perhaps less acute since no very large volume of sewage has to be dealt with at any one place, and in the case of new housing some form of treatment and disposal is provided.

In the two Rural Districts moreover efforts are being made to provide sewage disposal schemes for the towns and larger villages. Thus in the Liskeard Rural District schemes were in course of construction at St. Cleer and at Seaton (in conjunction with St. Germans Rural District) and in the St. Germans Rural District schemes were in preparation for Callington, Landrake and Hessenford during 1951. The difficulties and the cost of providing sewage disposal arrangements continue to increase to such an extent as to seriously prejudice the prospect of future developments in this field.

In the preface to this Annual Report for 1951 I have not written at such great length as in the preface to last years Report. Great advances have taken place in the Public Health Services and Preventive Medicine made their appearance on the national scene. In recent years with the virtual elimination of those diseases which used to be a perpetual scourge, such advances as are being made are perhaps less spectacular and are concerned more with detail. It is for this reason more difficult to write of them at any length without entering into technicalities, and thereby becoming tedious to the average reader. Having done much to prevent and control the diseases which caused serious physical disability, it would now appear that the Public Health Services should turn their attention to other fields. We know for instance accidents in the home cause much injury and suffering particularly amongst young children. We also know that great sums of money are spent on treating and curing conditions and diseases which are in many cases the result of ignorance of or indifference towards those habits and practices in life which are necessary for good health. If we could interest people in the positive approach to health thereby they would actively seek to foster and preserve health we should be going a long way to reducing the present heavy demand which ill-health is making on the national resources. At first sight it might seem easy to accomplish this, but this is not so. Good health when we possess it is an attribute of which we are not conscious. To a healthy person a sense of well-being is normal - something to be taken for granted, something which is there, without any conscious effort of mind or body to obtain, and retain it. It is therefore difficult to convince healthy people of the necessity for a positive seeking after good health, and yet this quest for health is most necessary if lasting good health is to be gained. There is too much interest in disease - too little in health. Perhaps by educating the rising generation in a more positive approach to health we can help future generations to lighten at least some of the burden which disease, and ill-health now places on the individual and the nation. It is not going to be an easy task, for human nature being what it is, the average individual is going to display the most interest in health, when through disease he has lost it.

In conclusion I have to express my sincere thanks to all those members and officials of District Councils who have during the year 1951 given me assistance and encouragement in carrying out my duties as Medical Officer of Health.

I have the honour to be
Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,

P.J. FOX.

Medical Officer of Health.

TORPOINT URBAN DISTRICT

Area of Urban District	975 Acres
Population (Registrar Generals Estimate)	7236
Number of Inhabited Houses	1105
Rateable Value of Urban District	£36,849.
Sum Represented by Penny Rate	£150.

Vital Statistics for 1951.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	33	31	64
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>
Birth rate per 1000 of population	13.26	13.70	15.50
Stillbirths	None registered during 1951.		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	23	19	42
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>
Death rate per 1000 of population	8.64	13.44	12.50

Deaths attributed to Pregnancy, Childbirth and the Puerperal State.

No deaths were registered under this head

Deaths of Infants Under One Year of Age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
All Causes	1	-	1
	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales.</u>
Infant Mortality rate per 1000 live births	15.6	31.1	29.6

Principal Causes of Death at All Ages

Heart disease	13
Cancer (all sites)	7
Cerebral vascular lesions ("stroke")	5
Respiratory disease	4
Circulatory disease	2
Accidents	2
Tuberculosis	2

Average Age at Death

<u>Males</u>	<u>Females</u>
70.58	75.10

The above statistics show that the health of the community in the Urban District was satisfactory during 1951. The birth rate shows a further reduction over last years figure, whilst the death rate at 8.64 per 1000 of population is extraordinarily low. I think that there is no doubt that the inclusion in the Urban District population of large numbers of young servicemen explains these figures which differ considerably from those in adjacent districts. It is particularly gratifying to report that there were no maternal deaths and that the infant mortality rate was low during 1951.

INFECTIOUS DISEASE. As compared with the low figure of 17 cases notified in 1950, the notification of 79 cases during 1951 represents a considerable increase. The great part of this increase was caused by whooping cough and measles. In connection with the latter disease I have to report something of a phenomenon. Although the whole area adjacent to Torpoint, including Plymouth, suffered from measles in epidemic form during the spring and early summer of 1951, thirty cases only of this disease were notified in Torpoint. I am quite at a loss to explain how Torpoint escaped this disease which is of a highly infectious nature, a fact borne out by the rapid and widespread infection of a comparable district (Saltash M.B.) from Plymouth where the disease was present in epidemic form during February, March and early April 1951. I am glad to report that no cases of poliomyelitis occurred in Torpoint during the year 1951.

The following are details of actual numbers and case rates of infectious disease notified during 1951:-

Case Rate per 1000 of population

<u>Disease</u>	<u>Cases.</u>	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Whooping cough	40	5.53	8.63	3.87
Measles	30	4.15	16.57	14.07
Pneumonia	5	0.69	2.17	0.99
Scarlet fever	2	0.28	1.02	1.11
Erysipelas	1	0.14	0.15	0.14

Case Rates per 1000 total births

Puerperal Pyrexia	1	15.63	10.55	10.66
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There were no deaths from infectious disease during the year.

TUBERCULOSIS. The total of 9 new cases of tuberculosis notified during 1951 shows a small increase over the total of 8 new cases in 1950. Of the 9 new cases, 5 were respiratory and 4 non-respiratory tuberculous infection. There were 2 deaths from pulmonary tuberculosis during 1951.

The following are details of new cases, deaths, case rates and mortality rates during 1951:-

<u>Age Group.</u>	<u>New Cases</u>		<u>Deaths</u>	
	M.	F.	M.	F.
0 - 1	-	-	-	-
1 - 5	-	1	-	-
5 - 15	-	1	-	-
15 - 45	1	4	-	-
45 - 65	1	1	1	-
65 and over	-	-	1	-

Rates per 1000 of population

	<u>Torpoint U.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
New cases	1.24	0.87	NOT STATED
All cases	4.26	5.00	NOT STATED
Deaths	0.28	0.24	0.31

At the end of 1951, there were 28 cases of respiratory tuberculosis, and 5 cases of non-respiratory tuberculosis known to be residing in the Urban District.

National Assistance Act 1948. No action under Section 47 of this Act was called for during 1951.

Water Supply. Because of the unsatisfactory nature of the sources of supply, particularly those feeding Eglaroose reservoir, it can never be said that the Urban District supply is wholly satisfactory. only by constant vigilance over, and attention to the filtering and chlorinating arrangement at Borough, and Carbeile can pure, potable water be provided in the town. How effectively this has been done is shown by the fact that all thirty four samples of water analysed during the year gave satisfactory results. Following detailed and painstaking work by Mr. Hogarth and his staff in cutting out loss from leaking distribution mains, and increasing storage capacity at the reservoirs there was no anxiety about shortage of water during the summer of 1951. This is the first time for many years that it was possible to avoid curtailment of supplies in the town.

Sewerage and Sewage Disposal. There have been no developments, or improvements in the arrangement by which crude sewage is discharged into the tidal estuary of the river Tamar (Hamoaze).

Food. Following regular inspections, and the holding of a Clean Food Campaign during 1950, and 1951, the standard of cleanliness of handling and serving improved considerably.

Food Poisoning. No cases were notified during 1951.

Clean Food Campaign. As already stated this campaign which was started late in 1950, was continued during 1951. We were fortunate in gaining the interest, and support of some womens voluntary organisations, whose members attended lectures, and demonstrations at which Mr. Hogarth, Mr. Curry and I spoke on this important subject. On the whole the shopkeepers in the town co-operated in measures designed to improve the standard of cleanliness and the methods of handling food in their shops.

Housing. Progress continued during 1951 with the completion of a further 18 new houses during the year. The demand for new houses continues to be heavy.

Factories Act 1937. It was not found necessary to take any action under this Act in any of the 18 small undertakings which come within the terms of this Act in Torpoint.

Report of the Sanitary Inspector.

In the report of the Sanitary Inspector, Mr. Wilson Hogarth M.R.S.I., C.S.I.B. which follows more detailed comments are given on matters which I have already touched briefly upon in my Report. I have to acknowledge with gratitude the assistance given, and the ready co-operation shown at all times by Mr. Hogarth, and by the Additional Sanitary Inspector Mr. Curry.

REPORT BY THE SANITARY INSPECTOR,
ON THE SANITARY CIRCUMSTANCES OF THE AREA, (1951).

Water Supplies.

During the year, thirty bacteriological samples have been taken, in addition to four samples submitted to the Public Analyst for chemical analysis. The result of all samples proved satisfactory.

The water position in this year has been more satisfactory generally than for many years past. It was not found necessary to turn off the water on any day throughout the whole of the summer months. In addition, further progress was made in the detection of leakages in mains and services, and a considerable saving was thus effected. Craftthole reservoir has been recently cleaned out, which will no doubt increase its effective capacity.

Negotiations are at present being carried on with the Admiralty and the City of Plymouth Water Department for a scheme whereby water will be piped from Plymouth beneath the River Tamar, to the Admiralty Camps within the Urban District and to Torpoint itself. If this scheme reaches fruition, it is not supposed that any difficulty regarding the adequacy of water supplies to this district will be experienced for a considerable number of years.

Drainage and Sewerage.

No difficulties have been experienced with the existing system. No new schemes have been commenced during the year apart from one small addition in the form of drainage from a new school. It presented no problems however, and the system continues to function satisfactorily.

Refuse Collection and Disposal.

The present weekly collection of house and trade refuse continues satisfactorily. The Council's tip however is now almost completely exhausted, and negotiations are under way for the acquisition of a quarry within the Urban District for use when the present tip becomes completely worked out. Controlled tipping is carried out at the present tip and will be on the new site.

Housing.

There is a total of 178 prefabricated bungalows, non-traditional and traditional Council Houses, a further 18 having been completed during the year. In addition, 14 houses have been built within the Urban District by the Cornwall County Council, and one house has been built by private enterprise, bringing the total number of houses completed during the year to 33.

Factories and Workshops.

The number of factories on the register has now altered during the year, there being 18 factories in all, 10 of which use mechanical power. Visits were made to all these on several occasions, but it was not found necessary to serve any Notices under the Factories Act, 1937.

Shops.

The general standard of the 43 shops in Torpoint improved immensely during the past year, due mainly to more supervision being possible following the employment of additional staff.

Food Premises.

Sampling. Thirtynine samples of icecream and thirtyseven of milk have been taken during the year and submitted to the laboratory for bacteriological examination. The results of these show that all

the icecream samples were satisfactory, and of the milk, only one was found to be unsatisfactory. The unsatisfactory milk sample was taken from a producer/retailer selling loose milk. Following this sample, a visit was made to the retailer, the result being that he now sells bottled pasteurised milk.

In addition to the bacteriological samples taken, three samples were taken to detect the presence of Tubercle Bacillii in the milk. The results of inoculation in guinea pigs were negative.

Food Shops. The Clean Food Campaign commenced in 1950 has continued throughout the year with good results. Talks, followed by general discussions have been given to various local Women's Organisations, and leaflet propaganda has been used in addition to regular inspection of the shops themselves.

The direct result in total is that the general cleanliness of the food shops in Torpoint has improved considerably and the townspeople themselves have become more clean food conscious. All but two of the shops in the town now have hot water on the premises.

Rodent Control.

Regular treatments of the Council's tip have been carried out during the year in conjunction with the Admiralty and operatives of the Ministry of Agriculture and Fisheries. An increased number of rats have been killed, but the last treatment indicated that not many remain.

The site of the present tip is by now almost exhausted and the Council is in the process of acquiring a new site. The question of the provision of an incinerator has also been considered by the Council, but the present financial position will not allow of its purchase at the present time.

Sewer treatments have been carried out but no serious infestation was found. Only very few complaints regarding the presence of rodents have been received from shopkeepers and householders.

Sanitary Inspections of the Area.

(a)	Total number of inspections made (all purposes)	1819
(b)	Informal Notices served.	21
	" " complied with.	12.
(c)	Statutory Notices served.	9
	" " complied with.	7
(d)	Dustbin Notices served.	9
	" " complied with.	9
(e)	Drains tested.	9
	No. of visits re drainage.	15
(f)	Visits re infectious diseases.	7
	Premises disinfected.	2
(g)	Inspections of food premises.	215
(h)	Inspections of shops under Shops Act, 1936.	215
(i)	Inspections of factories.	36

APPENDIX I.PRINCIPAL CAUSES OF DEATH AT ALL AGES - 1951.

DISEASE	ST. GERMANS R. D.	LISKEARD R. D.	SALTASH M. B.	TORPOINT U. D.	LISKEARD M. B.	LOOE U. D.	HEALTH AREA NO. 7.
HEART DISEASE	83	92	46	13	32	32	298
CEREBRAL VASCULAR LESIONS (STROKE)	40	15	27	5	11	-	98
CANCER (ALL SITES)	38	18	9	7	12	8	92
RESPIRATORY DISEASE (INC. INFLUENZA BUT EXC. TUBERCULOSIS)	36	11	10	4	3	7	71
INFLUENZA	8	3	7	1	1	5	25
CIRCULATORY DISEASE	10	2	1	2	2	2	19
ACCIDENTS	5	5	3	2	3	1	19
GENITO- URINARY DISEASE	4	6	6	-	-	1	16
TUBERCULOSIS	5	3	2	2	1	-	13
DEGESTIVE DISEASE	1	3	4	-	-	1	9
DIABETES	5	1	-	-	-	1	7
SUICIDE	1	2	-	-	-	1	4

APPENDIX 2.DEATHS BY AGE GROUPS - 1951.

DISTRICT	0 - 5 years	5 -15 years	15-45 years	45-65 years	65-75 years	75 and upwards	All ages.
ST. GERMANS R.D.	9	1	11	49	65	130	265
LISKEARD R.D.	6	1	6	36	44	81	174
SALTASH M.B.	6	-	2	19	30	59	116
TORPOINT U.D.	1	-	1	4	11	25	42
LISKEARD M.B.	5	-	5	7	20	35	72
LOOE U.D.	2	1	1	7	10	36	57
HEALTH AREA NO.7.	29	3	26	122	180	366	726

APPENDIX 3.AVERAGE AGE AT DEATH - 1951.

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	67.53	71.08
LISKEARD R.D.	66.28	70.74
SALTASH M.B.	70.73	71.39
TORPOINT U.D.	70.58	75.10
LISKEARD M.B.	63.38	71.08
LOOE U.D.	71.03	74.63
HEALTH AREA NO. 7.	67.81	71.58

APPENDIX 4.

INCIDENCE OF, AND MORTALITY FROM TUBERCULOSIS
IN HEALTH AREA NO. 7 - 1951.

<u>AGE GROUP.</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>MALE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>FEMALE</u>
0 - 1	-	-	-	-
1 - 5	2	2	1	2
5 - 15	4	2	-	-
15 - 45	11	13	4	1
45 - 65	6	4	4	-
65 and over	1	2	1	-
Totals	24	23	10	3

	<u>MALES</u>	<u>FEMALES</u>
CASE RATE PER 1000 OF POPULATION	0.44	0.43
MORTALITY RATE PER 1000 OF POPULATION	0.19	0.06

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION
BY SANITARY DISTRICTS IN HEALTH AREA NO. 7 - 1951.

	<u>NEW CASES.</u>	<u>TOTAL CASES AS AT 31.12.51.</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.84	5.44	0.30
LISKEARD R.D.	0.57	3.48	0.21
SALTASH M.B.	0.50	4.79	0.25
TORPOINT U.D.	1.24	4.56	0.28
LISKEARD M.B.	1.37	7.29	0.23
LOOE U.D.	1.66	7.46	NIL
HEALTH AREA NO. 7.	0.87	5.00	0.24
ENGLAND AND WALES	NOT STATED.	NOT STATED	0.31

